

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

LORRAINE Houghtaling  
DBA

Signature Rode of Charleston

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

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DOCKET NUMBER: 2009-425 T SEP 24 2009

ORS  
T.T.W.W.W

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by:

Address:

603 Green Castle Dr

Goose Creek, SC 29445

Telephone:

843-718-1785

Fax:

Other:

Email:

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input checked="" type="checkbox"/> Application - Class C Charter   | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input checked="" type="checkbox"/> Request Expedite                   |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Name Change on Certificate   | <input type="checkbox"/> Other:  |

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PSC SC  
DOCKETING DEPT.

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
Attn: Docketing Department  
101 Executive Center Drive  
Columbia, SC 29210  
(Mailing address: Post Office Box 11649, Columbia, SC 29211)

Office # (803) 896-5100 - Fax # (803)-896-5199

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SEP 24 2009

**ORS  
T,T,W,W/W**CLASS C - CHARTERDATE 9-23, 20 09

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION  
OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Lorraine Houghtaling dba Signature Ride of Charleston

2. (a) Street Address of Applicant 608 Green Castle Dr

Gorse Creek, SC 29445

(b) Mailing address, if different from street address \_\_\_\_\_

(c) Telephone Number 843-718-1785

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)

4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.
6. The proposed list of equipment is as per Exhibit "D" included herewith.

**JBS**

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.  
**BALANCE SHEET**

Balance at Time Application is Filed:	
Month:	Year:
Sept	09
<b>Assets:</b>	
Cash	
Receivables	500.00
Real Estate	
Buildings and Equipment-Net	
Motor Vehicles-Net	8000.00
Garage Equipment-Net	
Machinery and Tools-Net	
Supplies on Hand	
Prepays and Other Assets	
<b>Total Assets</b>	
<b>Liabilities and Equity:</b>	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
<b>Total Liabilities</b>	
Capital Stock	
Retained Earnings	
<b>Total Equity</b>	
<b>Total Liabilities and Equity</b>	3500.00

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

\* I, Lorraine Houghtaling \* Owner  
 (Name of Applicant's Representative) (Title)

of Signature Ride of Charleston the Applicant for the Certificate of Public  
 (Applicant)

Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

This the 24 day of Sept 20 09

Lorraine Houghtaling  
 (Notary Public)

Commission Expires: 2-17-2019

Lorraine Houghtaling \*  
 (Signature of Applicant's Representative)

EXHIBIT C

CLASS C - TAXI \_\_\_\_\_

CHARTER X

## PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant Lorraine Houghtaling aka Signature Ride of Charleston

For the transportation of passengers as follows:

Area to be served: State wide

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Number of passengers (Per Vehicle): 7

OCT - 8 2009

\*

Fares: \$ 100. hrORS  
T, T, W, W, W

Date

9/23/09\* Lorraine Houghtaling  
ByDeWine  
Title

Rev. 10/03

EXHIBIT D

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
DESCRIPTION OF EQUIPMENT

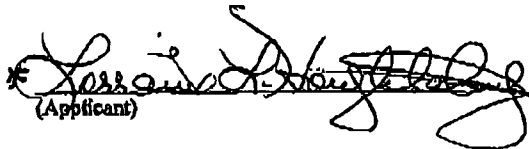
MODEL & YEAR	MAKE	VIN #	WEIGHT EMPTY	CARRYING CAPACITY *
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Vehicle has not been purchased

\* Seats if passenger carrier.

Date:

9/23/09

\*   
(Applicant)

(Applicant's Representative)

(Title)

INSURANCE QUOTE

The following insurance quote is for:

Lorraine Houghtaling dba Signature Ride of Charleston  
(Name of Motor Carrier)  
603 Green Castle Rd Goose Creek, SC 29445  
(Address of Motor Carrier)

Amount of Premium:

Liability Insurance 3100.00

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

1 - 7 passengers	-	25,000/50,000/25,000
8 - 15 passengers	-	25,000/100,000/25,000

Northland Insurance Company  
(Insurance Company Name)  
1245 Celebration Blvd Florence, SC 29501  
(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

9-23-09 Jerrey Paston 843-407-4090  
Date (Authorized Insurance Company Representative)

4/27/07

## EXHIBIT FWA

Name: Lorraine Houghtaling aka Signature Ride of CharlestonAddress: 603 Green Castle Dr. Green Creek, SC. 29445Telephone No. 843-718-1125 Fax No. \_\_\_\_\_

U.S.D.O.T. No. \_\_\_\_\_ ICC No. \_\_\_\_\_

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes \_\_\_\_\_ No X Pending \_\_\_\_\_ (Submit when received)  
(If "yes", indicate rating and provide copy) Satisfactory \_\_\_\_\_Conditional \_\_\_\_\_  
Unsatisfactory \_\_\_\_\_

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes \_\_\_\_\_ No X

3. Are there currently any outstanding judgment (s) against Applicant?

Yes \_\_\_\_\_ No X  
(If "yes", indicate nature of judgment(s).)

4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?

Yes X No \_\_\_\_\_

5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes X No \_\_\_\_\_

(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

\* Lorraine Houghtaling  
(Applicant's Signature)

Sworn to before me

At Florence CountyThis 24 day of Sept 2009[Signature]  
(Notary Public)Commission Expires: 2-17-2019